228998 2011-29-A

<b>AUTHORIZED UTILITY</b>	REPRESENTA	ATIVE FORM FOR	TELECOMMI	JNICATIONS CARR	ERS
TYPE:	[]IXC	[]CLEC	[]ILEC	[ ] Wireless	2

		CERTIFICATED COMPA	NY INFORMATION	
	LEC of South Carolina Incompany Name	<u>.                                    </u>	· LINOU	
d/b/a	a PAETEC Business Serv	ices	704-319-1000	<b>~</b> 3
Dba		1000	Telephone #	목 를 끄
	1 Morrison Blvd. ling Address			8 AR 77
	rlotte, NC 28211 State, Zip Code			
sam	e			
	ness Location			ति ्
City,	State, Zip Code		County	
		DECICTEDED ACENT	INCODMATION	
		REGISTERED AGENT	INFORMATION	
Regi	stered Agent:CTC	orporation System		
Maili	ng Address:75 Be	eattie Place		
Citv.	State, Zip Code:Gree	nville, SC 29601		
,				
	Pursuant to the Commiss	sion's rules and regulations, prir	nt or type company contact for	the following areas:
A.	General Manager (Include	address if different than above.)		
	Ocheral Manager (Include	, , , , , , , , , , , , , , , , , , ,		
	Telephone Number	Facsimile Number	E-mail Address	
_	·		L mair Address	
B.	Christine Neff, One Martha Customer Relations /Comp	s Way, Hiawatha, IA 52233 Ilaints Representative (Include addres	s if different than above.)	
	319-790-6702	/	/Christine.neff@paetec.com	1
	Telephone Number	Facsimile Number	E-mail Address	
C1.	Judy Messenger, 600 Willo	wbrook Office Park, Fairport, NY 1445	60	
	Customer Relations/Compl	aints Representative for Escalated Co	mplaints (Include address if diffe	rent than above.)
	<u>585-340-2822</u>		/judy.messenger@paetec.co	om
	Telephone Number	Facsimile Number	E-mail Address	"
C2.	800-978-7532			
	Customer Contact (Toll Fre	e Number)		
<b>)</b> .				
	Engineering Operations (Ir	clude address if different than above.)		
	Telephone Number	Facsimile Number	E-mail Address	
Ξ.	NOC Duty Supervisor			
	Test and Repair (Include a	address if different than above.)		
	800-978-7532			
	Telephone Number	Facsimile Number	E-mail Address	

F.	NOC Duty Supervisor  Emergencies (During non-office hours)					
	_					
	800-978-7532 / Telephone Number Facsimile Number	E-mail Address				
In add	ition, please provide the following company contact information	to assist in proper routing of correspondence and invoices:				
<u></u>	William A. Haas - One Martha's Way, Hiawatha, IA 52233_					
G.	Regulatory Officer (Include address if different than abov	e.)				
	319-790-7295 / Telephone Number Facsimile Number	E-mail Address				
	Telephone Number Facsimile Number					
Н.	Dual Party Mailings (Name)					
	Mailing Address					
	Telephone Number Facsimile Number	E-mail Address				
I. Interim LEC Fund Mailings (Name)						
	Mailing Address					
	Telephone Number Facsimile Number	E-mail Address				
J.	Sumer SmithUniversal Service Fund Mailings (Name)					
	6801 Morrison Blvd., Charlotte, NC 28211					
	Mailing Address 704 310 6003 7704-409-6093	/sumer.smith@paetec.com				
	704-319-6093 7/04-409-6093 Telephone Number Facsimile Number	E-mail Address				
K.	Sumer Smith – same as above Gross Receipts Mailings (Name)					
	Mailing Address					
	Telephone Number Facsimile Number	E-mail Address				
L.	Lifeline Mailings (Name)					
	Mailing Address	1				
	Telephone Number Facsimile Number	E-mail Address				
	*	Ann wanted				
	Sumer Smith	Signature				
	Coordinator - Regulatory & E-rate	3/31/2011 Date				
	Title	Bale				
	RETURN COMPLETED FORM TO:	are to the Ohe				
	Public Service Commission of SC Clerk's Office Post Office Drawer 11649 Columbia, South Carolina 29211	Office of Regulatory Staff Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201 (Rev. PSC 01/20				